

Palliative Care COP07 Technical Guidance

Technical Q&A
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Session Outline

- Definition Review
- Revised Indicators and Scenarios
- Emphasis Areas for COP 07 Palliative Care Entries
- Elements of the Preventive Care Package
- Questions & Discussion



Palliative Care Approach for Quality HIV/AIDS Care

“...an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”

(WHO definition of palliative care, 2002)



Revised Indicators

- Revised
 - Number of individuals.....
 - Number of service outlets....
- New
 - Number of family members.....
 - Post exposure prophylaxis...
- Includes minimum standards



Minimum Standards

- For the HIV infected individual
 - ***Care should be holistic***
 - Care services must be provided in at least two different categories:
 - One clinical service **PLUS**
 - One service from either Spiritual, Psychological or Social Care

Minimum Standards

- For the family member
 - ***Care should be holistic***
 - Care services must be provided in at least two different categories
- Care to family member must be documented
- Family members of HIV infected or family members of OVC



Minimum Standards

- For the service outlet
 - ***Care should be holistic***
 - Services at the outlet must be provided in at least two different categories



Scenario #1

- Sipho is an HIV infected individual
 - Receives cotrimoxazole prophylaxis
 - Receives oral care at home.
- Can he be counted under the revised indicator: *Number of individuals provided with HIV-related palliative care (including TB) (disaggregated by gender)?*

Scenario #2

- Siphso is an HIV infected individual
 - Receives cotrimoxazole prophylaxis
 - Receives oral care at home
 - Receives assistance with succession planning
- Can he be counted under the revised indicator: *Number of individuals provided with HIV-related palliative care (including TB) (disaggregated by gender)?*

Scenario #3

- Siphos is an HIV infected individual
 - Receives cotrimoxazole prophylaxis
 - Receives oral care at home
 - Receives assistance with succession planning
 - Sister is also HIV infected
 - HBC worker see Siphos and his sister at the same time
- *Which indicator is Siphos counted under?*
- *Which indicator is Siphos's sister counted under?*



Scenario #4

- Siphos is an HIV infected individual
 - Receives cotrimoxazole prophylaxis
 - Receives oral care at home
 - Receives assistance with succession planning
 - Sister is not HIV infected
 - HBC worker see Siphos and his sister at the same time
 - Sister receives assistance with accessing legal services and is assisted with preparation of the death and dying process of Siphos
- *Which indicator is Siphos counted under?*
- *Which indicator is Siphos's sister counted under?*

Emphasis Areas for COP 07 Palliative Care Entries (nonTB)

- Revised indicators
- New “Family Member” indicator
- Minimum standards of service
- Screening for symptoms and problem
- Pain and symptom management
- Elements of the preventive care package
- Culturally appropriate end of life care

Emphasis Areas for COP 07 Palliative Care Entries (nonTB)

- Family centered approach to care
- SA standards in training and service delivery
- Gender considerations
- Human capacity development
- Integration model
- Other donor support
- Scale up of effective models



Screening

- To facilitate early identification and treatment of HIV-related problems which compromise the health and wellbeing of PLWHA
- To relieve distress that is experienced and perceived by PLWHA
- To assist health workers in the diagnosis and management of symptomatic HIV infected persons and give support to health workers faced with decision making with regard to the severity of the disease and multiplicity of presenting complaints and pathogens

Pain and Symptom Management

“Supportive care without pain and symptom management is not palliative care”

– African Palliative Care Association

- Describe your plans to provide and/or ensure pain and symptom management for all PLWHA, as part of the basic set of palliative care services.
- This includes basic assessment and management of common pain and symptoms related to HIV disease and appropriate use of the WHO analgesic ladder.

What is Culturally-Appropriate End of Life Care??

How can PEPFAR partners improve programming in this area?



Overarching Issues to Consider in FY07 COP Entries

- Family centered approach to care
- SA standards in training and service delivery
- Gender considerations
- Human capacity development
- Integration model
- Other donor support
- Scale up of effective models



Preventive Care Package: Evidence-Based Standardized Package of Services Appropriate for All People Living with HIV/AIDS



What is the Basic Preventive Care Package & its benefits

- Guideline of services which are adapted and appropriate to the country context and program
- Components are simple, standardized, evidence-based prevention & care interventions
- Benefit persons with HIV and their families
- Prevents mortality and delays disease progression and need for ARVs
- Lays ground work for ARV therapy
- Complements ARV therapy and significantly contributes to palliative care goals



3 Key Strategies

#1 Identification of persons with HIV at facility, community and home based levels of care

- Integrated HCT

#2 Prevention of HIV transmission

- Sexual partners and unborn children

#3 Prolonging life and improving quality of life of persons living with HIV

- Prevention of OIs

Components of the Preventive Care Package

Family-based Counseling and Testing

Integrated prevention strategies

Interventions for Prevention of OI

Cotrimoxazole prophylaxis

TB Screening, INH prophylaxis

Plus – Diflucan prophylaxis

Safe water and hygiene strategies

Malaria prevention: Insecticide treated mosquito nets

Good nutrition, micronutrient supplementation



Family Based VCT

- **Identifies beneficiaries for prevention and care interventions**

- **Discordant couples and children with HIV**

- **Allows for open household support for:**

- **Challenges of disclosure and behavior change**
- **Medication adherence and support**



Prevention Integration

- Partners or couples HIV counseling & testing
- Supported disclosure
- Risk reduction measures:
 - Abstinence, faithfulness and condom use
 - STI screening and management
 - Family Planning
 - PMTCT (for the unborn and breastfeeding children)
 - Adherence to ARVs



Prevention Integration

- Provision of family planning to people living with HIV is primary prevention for PMTCT
- Data from CDC/Uganda shows desire for children often increases for those on ART, but unwanted pregnancies still common
- Importance of maternal nutrition, exclusive breastfeeding and avoidance of mixed infant feeding as a part of the prevention and care agenda



Prevention of Opportunistic infections: Cotrimoxazole Prophylaxis



Efficacy studies of cotrimoxazole prophylaxis

<u>Country</u>	<u>Morbidity</u> ↓	<u>Hosp.</u> ↓	<u>Mortality</u> ↓
C d'Ivoire (1999)	-----	43%	46%
S. Africa (2001)	48%	-----	44%
Senegal (2001)	-----	-----	16% (NS)
Zambia (2004)	-----	23%	43%
Malawi (2004)	-----	-----	28%
Uganda (2002)	69%	-----	33%
Uganda (2004)	25-72%	31%	46%

Results for Cotrimoxazole prophylaxis evaluation in Uganda

Efficacy

Mortality	46%
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Malaria	72%
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Diarrhea	35%
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Hospitalization	31%
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Adverse reactions	2%
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Results for Cotrimoxazole prophylaxis evaluation in Uganda

- Reduced rate of decline in CD4 count (90 cells less decline per year) and benefited viral load (0.55 log less increase per year)
- Saved health system \$2.50 per person treated and a gain of 6.57 Disability-Adjusted Life Years (DALYS) per 100 person-years.
- Effective for both children and adults

Benefit of parent taking cotrimoxazole for children

- Having adult with HIV take cotrimoxazole was associated with 63% reduction in death among HIV-negative children <10 years old
- Having a parent die tripled the risk HIV-negative child would die
- Prophylaxis not associated with increased antimicrobial resistance among diarrhea pathogens infecting family members



Safe Water and Hygiene Strategies



Safe water and Hygiene Strategies

- **People with HIV in Africa have 6 times rate of diarrhea than HIV-negatives**
- **Safe Water system involves chlorination, storage of water in home, behavior change**

The Uganda Safe Water Package Experience:

- **RCT among 509 persons with HIV**
 - 25% fewer diarrhea episodes and less dysentery
 - Benefits HIV-negative family members
- **Cost \$4 per year per family**



Safe Water System (SWS)

- Water Treatment
 - Filtration with cloth
 - Disinfection with chlorine
- Safe storage of water
 - 20-liter water vessel
 - Maintains disinfection
 - Prevents recontamination



- Behavior change
 - Hand washing
 - Improved sanitation

Prevention of Malaria in PLWHAs and their families



HIV and Malaria

- **High burden of disease: Malaria: 300-500 million clinical episodes annually (WHO); HIV increases incidence and severity of malaria**
- **Malaria increases viral load by 0.25 log and this increases risk of MTCT in pregnant women**
- **Causes a CD4 cell decline 40 cells/year**

Insecticide treated nets (ITNs) are an effective prevention measure that reduces malaria by 50%, treatment costs in HIV negative children, child mortality in malaria-endemic parts of Africa and also has a synergistic effect with cotrimoxazole prophylaxis



Behavior Change communication to Mobilize for Care Services

- Behavior change communication messages about care interventions through:
 - Simplified messaging
 - Client education materials
 - Radio spots and T.V shows
 - Drama skits
 - Training of the health workers, counselors and peer educators on use of the package

Questions??

